

MEDICAL SERVICE SPECIALTY

This change is effective with class starting 010724 and changes CFETP 4N0XX (May 1997) and Change 1 (Sep 98) as follows:

1. Write-in changes. Make the following pen & ink changes in each member's Specialty Training Standard:

Page	Paragraph	Action
39	Item 1.f (1)(a)	Dash at 7-level
40	Item 3.f (1-4)	Dash at 7-level
40	Item 3.g (2-5)	Dash at 7-level
change 1 41	Item 3.l	Delete
change 1 41	Item 3.m	Delete
change 1 41	Item 3.p (1)	Dash at 7-level
change 1 41	Item 3.q (1-4)	Delete
change 1 42	Item 4.b (3)	Change to "c" at 7-level
change 1 43	Item 6.c (1-6)	Dash at 7-level
change 1 43	Item 7.a.(2)(a)	Delete
change 1 43	Item 7.a.(2)(b)	Delete
44	Item 7.a (2)(c)	Delete
44	Item 7.a (2)(d)	Delete
44	Item 7.a (3)	Dash at 7-level
44	Item 7.b	Dash at 7-level
44	Item 8.a-d.	Delete
change 1 46	Item 10.e (1)(f)	Change to "b" at 3-level
change 1 46	Item 10.e (7)	Dash at 7-level
change 1 46	Item 10.f (1)(a)&(b)	Dash at 3-level
change 1 46	Item 10.g (1)(a-c)	Change to "2b" at 3-level
47	Item 10.h (3)(c)	Change to "b" at 3-level
change 1 48	Item 10.j (2)(a-e)	Change to "b" at 3-level
51	Item 11.a (1)	Dash at 7-level

51	Item 11.a (2)	Change to “b” at 3-level
51	Item 11.b (3)	Change to “b” at 3-level
51	Item 11.c (3)	Change to “b” at 3-level
53	Item 11.g (6)	Change to “b” at 3-level
53	Item 11.g (11)	Change to “b” at 3-level
53	Item 11.g (12)(a)	Change to “b” at 3-level
55	Item 11.h (3)	Change to “b” at 3-level
55	Item 11.m (9)	Change to “b” at 3-level
52	Item 11.f (6)(b)	Dash at 7-level
53	Item 11.h (5)	Delete
53	Item 11.h (6)	Delete
53	Item 11.h (14)&(15)	Dash at 3-level
54	Item 11.l	Dash at 3 and 5-level
54	Item 11.m (1-9)	Dash at 3 and 5-level
55	Item 12 entire section except for 12.a.(3) & (4)(c)	Dash at 3-level
change 1 56	Item 12 entire section except for 12.d.(2) & (5)(a)	Dash at 3-level

2. Page replacements. Draw a diagonal line through each of the following pages in the current CFETP or Change 1. Refer to the appropriate replacement page of each deleted page.

*13	*18	*20	*30	*31	57	58	*59	*60	*61	*62
*63	*64	*64.1	*64.2	*103						

* denotes previous replacement/new page from change 1

3. New Pages.

59.1	59.2	59.3
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4. Final action. After necessary action, file this change in back of the entire CFETP change 1. Transcribe all documentation from replaced Specialty Training Standard (STS) pages onto the appropriate replacement pages.

5. NREMT Documentation. CFETP, part II, STS, Section 12, Nursing Care of Patients in Emergency Situations. NREMT training conducted at the Medical Service Apprentice (MSA) course is taught IAW Department of Transportation (DOT) EMT-Basic National Standard Curriculum. These items have been dashed in the STS, column 4A, 3-level course.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

PAUL K. CARLTON, JR
Lieutenant General, USAF, MC,CFS
Surgeon General

19 attachments

training. Conducts or schedules periodic disaster training, fire drills, and evacuation procedures.

2. Skill/Career Progression. It is essential that everyone involved in training do their part to plan, develop, manage, conduct, and evaluate an effective training program. The guidance provided in this part of the CFETP will ensure individuals receive viable training at the appropriate points in their career. The following narrative and the AFSC 4N0X1 career field flow charts identify the training career path. It defines the training required in an individual's career.

2.1. Apprentice Level (3). Initial skills training in this specialty consists of the tasks and knowledge training provided in the 3 skill level resident course (J3AQR4N031 003) conducted at Sheppard AFB, Texas. Successful completion and award of the National Registry of Emergency Medical Technicians Basic (NREMT-B) certification is mandatory. Upon graduation from the resident course, students will attend the 3 skill level Phase II course (J3ABO4N031 003) located at one of the Phase II training facilities. Individuals must successfully complete both the resident and Phase II courses to be awarded AFSC 4N031.

>2.2. Journeyman Level (5). Upgrade training to the 5 skill level in this specialty consists of completing (1) CDC 4N051A and CDC 4N051B, (2) all STS core tasks (including core task QTPs), and (3) at least 15 months in upgrade training (6 months for retrainees). Continuation training is available and should be used based on the individual's particular training needs. To assume the grade of SSgt, individuals must be graduates of the Airman Leadership School. Current minimum certification as an NREMT-B is mandatory.

>2.3. Craftsman Level (7). Upgrade training to the 7 skill level in this specialty consists of (1) completing all STS core tasks (including core task QTPs), (2) successful completion of the 7 level RAM and resident technical school courses, and (3) 12 months time in upgrade training. Requirements to attend the 7 level resident course are (1) 12 months time in upgrade training (6 months for retrainees), (2) completion of all prerequisites, and (3) SSgt (sew-on).

2.3.1 **After 30 September 01**, through the development of the new 7 level CDCs, upgrade training (UGT) to the 7 skill level in this specialty will consist of: (1) completing all STS core tasks (including core task QTPs). (2) successful completion of the 7 level RAM as verified by the supervisor and Unit Training Manager. (3) 12 months time in upgrade training.

2.3.2 **After the CDC becomes available** for distribution UGT will consist of (1) and (3) and successful completion of the 7 level CDCs and course exam. Continuation training is available and should be used based on the individual's particular training needs. To assume the grade of MSgt, individuals must be graduates of the NCO Academy. Current minimum certification as an NREMT-B is mandatory. Continuation training is available and should be used based on the individual's particular training needs. To assume the grade of MSgt, individuals must be graduates of the NCO Academy. Current minimum certification as an NREMT-B is mandatory. * **NOTE: The new 7 level CDC should be ready for distribution by October 2002.**

2.4. Superintendent Level (9). To be awarded AFSC 4N091, an individual must be a SMSgt (sew-on), complete the Senior NCO Academy (resident or correspondence course; active duty only), and any other requirement specified in AFMAN 36-2108, Airman Classification. Current minimum certification as an NREMT-B is mandatory when required by the duty position.

2.5. Chief Enlisted Manager Level (0). AFSC/CEM code 4N000 awarded upon selection for promotion to CMSgt.

3. Training Decisions. This CFETP uses a building block approach (simple-to-complex) to encompass the entire spectrum of life-cycle training requirements for the Medical Service Specialty. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. Decisions were made as to the content of the CFETP as explained in the preface to this document.

EDUCATION AND TRAINING REQUIREMENTS

BASIC MILITARY TRAINING SCHOOL

APPRENTICE TECHNICAL SCHOOL (3 SKILL LEVEL)

UPGRADE TO JOURNEYMAN (5 SKILL LEVEL)

- 3 MONTHS DUTY POSITION/APPRENTICE EXPERIENCE REQUIRED BEFORE ENTERING JOURNEYMAN TRAINING
- >MINIMUM 15 MONTHS UPGRADE TRAINING (6 MONTHS FOR RETRAINEES)
- COMPLETE APPROPRIATE CDCs
- MAINTAIN CURRENT NREMT-B CERTIFICATION

AIRMAN LEADERSHIP SCHOOL (ALS)

- MUST BE A SRA WITH 48 MONTHS TIME IN SERVICE OR BE A SSGT SELECTEE
- RESIDENT GRADUATION IS A PREREQUISITE FOR SSGT SEW-ON *

UPGRADE TO CRAFTSMAN (7 SKILL LEVEL)

- MINIMUM RANK OF SSGT (SEW-ON)
- 12 MONTHS TIME IN UPGRADE TRAINING
- FORMAL ADVANCED SKILL TRAINING
- SUCCESSFUL COMPLETION OF 7 LEVEL READ AHEAD MODULE (RAM) AND RESIDENT COURSE
- MUST BE 7 LEVEL TO SEW-ON TSGT
- MAINTAIN CURRENT NREMT-B CERTIFICATION

>After 30 Sep 01 through 7-level CDC availability

- MINIMUM RANK OF SSGT (SEW-ON)
- 12 MONTHS TIME IN UPGRADE TRAINING
- FORMAL ADVANCED SKILL TRAINING (OJT)
- SUCCESSFUL COMPLETION OF 7 LEVEL READ AHEAD MODULE (RAM)
- MUST BE 7 LEVEL TO SEW-ON TSGT
- MAINTAIN CURRENT NREMT-B CERTIFICATION

NONCOMMISSIONED OFFICER ACADEMY (NCOA)

- MUST BE A TSGT OR TSGT SELECTEE *
- RESIDENT GRADUATION IS A PREREQUISITE FOR MSGT SEW-ON

USAF SENIOR NCO ACADEMY (SNCOA)

- MUST BE A MSGT OR ABOVE *
- RESIDENT GRADUATION IS A PREREQUISITE FOR CMSGT SEW-ON

UPGRADE TO SUPERINTENDENT (9 SKILL LEVEL)

- >MINIMUM RANK OF SMSGT (SEW-ON)
- >MUST BE A SNCOA GRADUATE (RESIDENT OR CORRESPONDENCE COURSE)*

OJT TRAINER

- MUST BE OFFICIALLY APPOINTED AND CERTIFIED
- MUST ATTEND FORMAL OJT TRAINER COURSE

OJT CERTIFIER

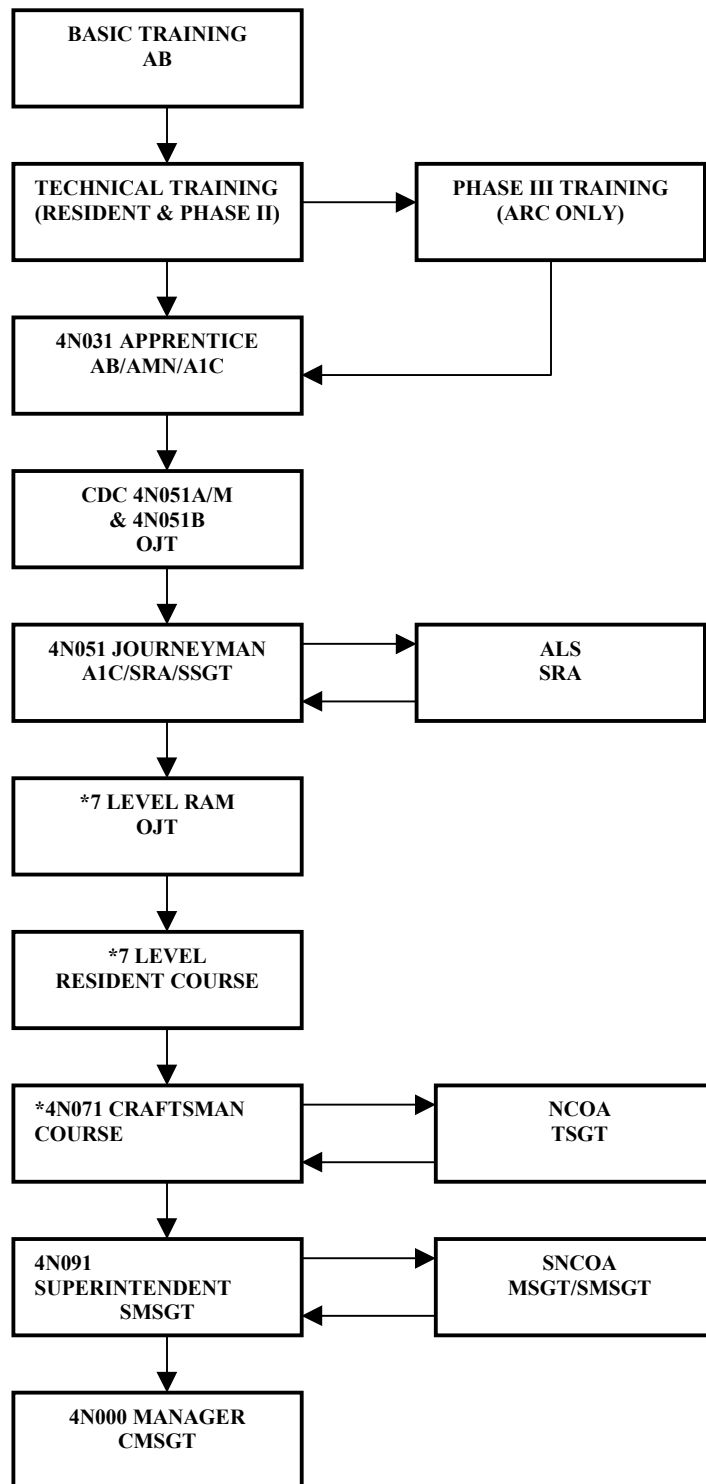
- MUST BE OFFICIALLY APPOINTED AND CERTIFIED
- MUST ATTEND FORMAL OJT CERTIFIER COURSE

* ACTIVE DUTY ONLY

Figure 5-2

**4N0XX
MEDICAL SERVICE SPECIALTY
CAREER PATH**

Figure 5-3



***Note: For the interim period from 30 September 01 through 7-level CDC availability, UGT will consist of completing all STS core tasks (including core task QTPs), successful completion of the 7 level RAM and 12 months time in upgrade training.**

2.2.1.6. Other: For journeyman assigned to Aeromedical Evacuation Technician or Hyperbaric Medical Technician duty, physical qualification according to Class III flight physicals per AFI 48-123, Medical Examinations and Standards, is mandatory.

2.2.2. Training Sources/Resources: Completion of CDC 4N051A and CDC 4N051B satisfies the knowledge requirements specified in para 2.2.1. for award of the 5 skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP.

2.2.3. Implementation: Entry into upgrade training is initiated when an individual possesses the 3 skill level and the required three months experience at the 3 skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. CDC 4N051A, CDC 4N051B, and all core tasks will be completed for award of the 5 skill level. Current minimum certification as an NREMT-B is mandatory.

2.3. Craftsman (7 skill level) training requirements.

2.3.1. Specialty qualification.

2.3.1.1. All 4N051 qualifications apply to the 4N071 requirements to include current minimum NREMT-B certification. All 4N051 shredout qualifications apply to 4N071 shredout requirements. All 4N051 SEI qualifications apply to 4N071 SEI requirements.

2.3.1.2. Knowledge: Knowledge of the following is mandatory: nursing theory and techniques, patient needs, nursing approaches, team nursing, medical terminology, anatomy and physiology, emergency care, drugs and their administration, medical ethics, legal aspects, infection control concepts to include aseptic techniques and universal precautions, operating and maintaining therapeutic equipment, personnel and unit management, disaster preparedness and chemical warfare, and risk management.

2.3.1.3. Education: To assume the rank of MSgt, individuals must be graduates of the NCO Academy.

>2.3.1.4. Training: Completion of the following requirements is mandatory for the award of the 7 skill level: Completing all STS core tasks (including core task QTPs), successful completion of the 7 level RAM and resident technical school courses, and 12 months time in upgrade training. Requirements to attend the 7 level resident course are 12 months time in upgrade training (6 months for retrainees), completion of all prerequisites, and the rank of SSgt (sew-on). For the interim period from 30 September 01 through 7-level CDC availability, UGT will consist of completing all STS core tasks (including core task QTPs), successful completion of the 7 level RAM and 12 months time in upgrade training. Continuation training is available and should be used based on the individual's particular training needs. Current minimum certification as an NREMT-B is mandatory. ***Note: When CDCs become available for distribution they will replace the RAM material. They are expected to be published by 1 Oct 2002.**

2.3.1.5. Experience: Prior qualification as a Medical Service Journeyman is mandatory. Experience in both the inpatient and outpatient care setting is desirable.

2.3.1.6. Other: None.

>2.3.2. Training Sources/Resources: Completion of the 7 level RAM, 12 months time in upgrade training, and the resident 7 level course satisfies the knowledge and skill requirements specified in para 2.3.1. for award of the 7 skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP. ***Note: For the interim period from 30 September 01 through 7-level CDC availability, UGT will consist of completing all STS core tasks (including core task QTPs), successful completion of the 7 level RAM and 12 months time in upgrade training.**

2.3.3. Implementation: Entry into upgrade training is initiated when an individual is selected for promotion to SSgt and possesses the 5 skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. The 7 skill level RAM, resident AFSC awarding course, and certification of all core tasks and appropriate QTPs will be completed for award of the 7 skill level. Current minimum certification as an NREMT-B is mandatory.

2.4. Superintendent (9 skill level) training requirements.

2.4.1. Specialty qualifications.

2.4.1.1. Knowledge: Knowledge of the following is mandatory: nursing theory and techniques, anatomy and physiology, and medical ethics and legal aspects. Familiarization with management of IDMT emergency medical and dental treatment, surgical procedures, sterilization and aseptic techniques, aeromedical evacuation procedures, care and transportation of the sick and injured, maintaining therapeutic equipment, medical readiness, organization and function of the medical service, resource management, quality improvement, risk management, administration, and subspecialty shredouts/SEIs is desirable.

2.4.1.2. Education: Completion of the Senior NCO Academy (resident or correspondence course; active duty only) is mandatory for award of the 9 skill level.

2.4.1.3. Training: Completion of the duty position training requirements is mandatory for award of the 9 skill level. Current minimum certification as an NREMT-B is mandatory when required by the duty position.

2.4.1.4. Experience. Qualification is mandatory as a Medical Service Craftsman. Experience is also mandatory in directing functions such as medical, surgical, or related health care administrative activities.

2.4.1.5. Other: Physical qualification for aircrew duty according to AFI 48-123, Medical Examinations and Standards, is mandatory.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
12.d.(6)(h) Insert nasopharyngeal airway	C/W						-	c	-	
(i) Insert oropharyngeal airway	C/W						-	c	-	
(j) Ventilate patient with pocket mask	C/W						-	c	-	
(k) Ventilate patient with bag-valve-mask	C/W						-	c	-	
(l) Ventilate patient with flow restricted oxygen powered ventilation device (FROPVD)	C						-	c	-	
(m) Nasal cannula	C/W						-	c	-	
(n) Simple face mask	C/W						-	c	-	
(o) Nonrebreathing mask	C/W						-	c	-	
(p) Venturi mask	W						a	b	-	
(q) Aviator's positive-pressure mask	W						a	b	-	
> (r) Insert Pharyngo-Trachea Lumen (PTL) or combi-tube airway							-	-	-	
(7) Shock and control of bleeding:										
(a) Apply pressure dressing	C/W						-	c	-	
(b) Elevate bleeding part	C/W						-	c	-	
(c) Use pressure points to control bleeding	C/W						-	c	-	
(d) Apply tourniquet	C/W						-	c	-	
(e) Place patient in shock position	C/W						-	c	-	
(f) Apply/remove antishock garment with medical direction	W						-	c	-	
(g) Control bleeding from shunt or invasive monitoring/therapy line	W						a	b	-	
(8) EENT emergency care procedures:										
(a) Remove contact lenses	W						-	b	-	
(b) Irrigate eyes	W						-	c	-	3
(c) Perform visual acuity	W						-	c	-	
(d) Perform fluorescein eye stain	W						b	c	-	
(e) Patch eyes	W						-	c	-	
(f) Irrigate ears	W						-	c	-	
(g) Control anterior nasal hemorrhage with pressure	W						-	c	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
12.d (9) Management of orthopedic injuries:										
(a) Assess for sprains, strains, and fractures	C/W						-	c	-	
(b) Apply cervical collar	C/W						-	c	-	
(c) Apply soft splints	C/W						-	c	-	
(d) Apply traction splints	C/W						-	c	-	
(e) Apply rigid splints	C/W						-	c	-	
(f) Apply simple cast/splint	W						a	b	-	3
(g) Bivalve cast	W						a	b	-	3
(h) Trim/petal cast	W						a	b	-	3
(i) Remove cast	W						a	b	-	3
(j) Apply elastic wraps	W						2b	c	-	
(k) Measure for crutches	W						3c	c	-	
(l) Teach crutch gaits/cane walking	W						2b	c	-	
(m) Apply extrication device	C/W						-	c	-	
(n) Apply/transport patient on long spine board	C/W						-	c	-	
(o) Apply/transport patient on breakaway stretcher	C/W						-	c	-	
(10) Manage multisystem trauma	W						-	c	-	
(11) Manage burns	W						-	c	-	
(12) Actions/side effects/administration of emergency medications:										
(a) Epinephrine autoinjector							-	c	-	3
(b) Oral glucose							-	c	-	3
(c) Activated charcoal							-	c	-	3
(d) Syrup of ipecac							-	c	-	3
13. NURSING CARE IN THE OUTPATIENT CLINIC										
a. Technician managed clinic procedures:										
(1) Pseudofolliculitis barbae (PFB)							a	b	-	4
(2) Wart (verrucae)							a	b	-	4
b. Administrative procedures:										
(1) Maintain outpatient health records	W						1b	c	-	
(2) Prepare reports of treatment	W						a	b	-	
(3) Use Composite Healthcare Computer Systems (CHCS):										
(a) Sign-in procedures	W						a	-	-	
(b) Report of patient count							a	b	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
13.b.(3)(c) Ambulatory Data System (ADS)							a	b	-	
c. Perform initial screening of patients	W						2b	c	-	
d. Assist physician and nurse with clinic procedures	W						2b	b	-	
e. Assist with non-flying physical examinations	W						a	b	-	
f. Provide patient education using locally approved guidelines							-	-	-	
g. Primary Care Management (PCM) team responsibilities							-	-	-	
h. Preventive Health Assessment (PHA) procedures							-	-	-	
i. Schedule patient appointments							-	-	-	
j. Population health										
(1) Health Care Systems										
(a) Components of Military Health System (MHS)							-	-	-	
(b) Health care benefits options							-	-	-	
(c) Primary Care Management (PCM) concept										
1 Primary care team responsibilities										
a Individual team member responsibilities							A	-	-	
b Preventative Health Assessment (PHA)							A	-	-	
c Documentation (DD Form 2766/AF Form 1480A)							A	-	-	
d AF Form 422, Physical Profile series Report, process							A	-	-	
e Beneficiary responsibilities							-	-	-	
(d) Information systems:										
1 Defense Enrollment and eligibility reporting system							-	-	-	
2 Components of composite health care system							-	-	-	
3 Ambulatory Data System (ADS)							-	-	-	
(e) Understand Population Health Management Principles										
1 Continuum of care							-	-	-	
2 Needs Assessment										
a Demand Management							-	-	-	
b Condition/Utilization Management (UM)							-	-	-	
3 Disease management							-	-	-	
4 Referral Services							-	-	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
13.j.(1)(e) <u>5</u> Military Health Facility (MHF) Based Services							-	-	-	
(2) Outpatient										
(a) Administrative procedures										
<u>1</u> Medical Disposition review										
<u>a</u> Admission and disposition sheet							A	-	-	
<u>b</u> Emergency Room Log							A	-	-	
<u>c</u> Care provided outside PCM							A	-	-	
<u>2</u> Outpatient health records maintenance										
<u>a</u> Non-flying							A	-	-	
<u>b</u> Fly							A	-	-	
<u>c</u> Special operational duty personnel							A	-	-	
<u>d</u> Prepare and document reports of treatment										
<u>1</u> SF 600										
<u>a</u> General use							2b	-	-	
<u>b</u> SOAPP note							2b	-	-	
<u>c</u> Care extender protocol (intent)							A	-	-	
<u>2</u> SF 507							-	-	-	
<u>3</u> AF 422							b	-	-	
<u>4</u> SF 558							b	-	-	
<u>5</u> AF Form 1480 or DD Form 2766/2766C maintenance							b	-	-	
<u>3</u> Preventative Health Assessment (PHA)										
<u>a</u> Use and update PHA database							A	-	-	
<u>b</u> Coordination with Unit health monitors							-	-	-	
<u>c</u> Schedule PHA							-	-	-	
<u>d</u> Conduct squadron and work center visits							-	-	-	
<u>e</u> Conduct medical record reviews							-	-	-	
<u>f</u> Apply preventive based screening grid							-	-	-	
<u>g</u> Military (mobility) unique requirements							-	-	-	
<u>h</u> Conduct patient interview							-	-	-	
<u>i</u> Record medical history							-	-	-	
> <u>j</u> Provide Primary preventive counseling							1b	B	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
13.j (2)(b) Clinical Procedures										
<u>1</u> Cycloplegic Refractions							A	B	-	
<u>2</u> Hearing Conservation Program							A	B	-	
<u>3</u> Perform										
<u>a</u> Immunizations (documented in 14B of CFETP)							-	-	-	
<u>b</u> Pseudofolliculitis barbae (PFB) treatments							-	-	-	
<u>c</u> Wart (verrucae) treatments							-	-	-	
<u>d</u> Visual Screening										
<u>1</u> Optic Vision Tester (OVT)										
<u>a</u> Visual acuity's							-	-	-	
<u>b</u> Phorias							-	-	-	
<u>c</u> Depth perception							-	-	-	
<u>2</u> Pseudo-Isochromatic Plates							-	-	-	
<u>3</u> Amsler's Grid							-	-	-	
<u>4</u> Accommodation							-	-	-	
<u>5</u> Point of Convergence							-	-	-	
<u>6</u> Red Lens Test							-	-	-	
<u>7</u> Visual Fields							-	-	-	
<u>8</u> Tonometry							-	-	-	
<u>9</u> Cockpit vision test (near)							-	-	-	
<u>10</u> Transpose Refractions							-	-	-	
<u>11</u> Reading Aloud Test							-	-	-	
(3) Medical Standards										
(a) Types of physical examinations										
<u>1</u> Fly							A	-		
<u>2</u> Special operational duty							A	-	-	
<u>3</u> Non-flying							A	-	-	
<u>4</u> Determine exam requirements							A	-	-	
(b) Quality control of examination forms and reports										
<u>1</u> SF 88							A	-	-	
<u>2</u> SF 93							A	-	-	
<u>3</u> DD Form 2697							-	-	-	
<u>4</u> AF Form 422							A	-	-	
(c) Dental Examinations and Classifications							-	-	-	
(d) Apply Medical Standards							A	-	-	
(e) Quality Control of PHA							A	-	-	
(f) Medical Evaluation Boards										
<u>1</u> Determine need							-	-	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
13.j.(3)(f) <u>2</u> General responsibilities							-	-	-	
<u>3</u> Physical Exam Board Liaison officer (PEBLO) responsibilities							-	-	-	
<u>4</u> Line of duty determination							A	-	-	
<u>5</u> Board procedures							-	-	-	
<u>6</u> Record review in lieu of board							-	-	-	
<u>7</u> Disposition										
<u>a</u> Temporary Disability Retirement Limitations (TDRL)							-	-	-	
<u>b</u> Assignment Limitation Code C							-	-	-	
<u>8</u> Imminent Death Processing							-	-	-	
(g) Review medical treatment records										
<u>1</u> Incoming and outgoing PCS assignments							-	-	-	
<u>2</u> Medical Clearances										
<u>a</u> Personnel Reliability Program (PRP)										
<u>1</u> Identify Potential Disqualifying Information (PDI)							-	-	-	
<u>2</u> Management of PDI							-	-	-	
<u>b</u> Security							-	-	-	
<u>c</u> Mobility/deployment							-	-	-	
(h) Maintain suspense files										
<u>1</u> Waiver/follow-up suspense actions							-	-	-	
<u>2</u> Assignment availability code roster 4T							-	-	-	
<u>3</u> 31-81 profiles							-	-	-	

NOTE 1: Allergy/Immunization (A/I) Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as an A/I technician.

NOTE 3: Section 14.b. of this attachment applies to all personnel trained as an immunization back-up technician.

> NOTE 4: Column 4B will be utilized upon implementation of Special Course.

Training references (TRs) applicable to the 4N0X1A portion of the STS (area 14) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 2 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core © / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B Special Course	C N/A	D QTP Volume Number
14. ALLERGY/IMMUNIZATION SPECIALTY										
a. Allergy:										
(1) Principles of allergies:										
(a) Classes of allergic reaction:										
1 Class I, immediate hypersensitivity							B	-		11
2 Class II and III							A	-		11
3 Class IV, delayed							B	-		11
(b) Pollen agents:										
1 Local allergy-causing pollen							B	-		11
2 Seasons of specific allergy-causing pollen							B	-		11
(c) Principles of patient presentation:										
1 Rhinitis:										
a Seasonal							B	-		11
b Perennial							B	-		11
c Sinusitis							B	-		11
d Nasal polyposis							-	-		
2 Vasomotor rhinitis							B	-		11
3 Stinging insect hypersensitivity							B	-		11
4 Anaphylaxis							B	-		11
5 Food allergy							B	-		11
6 Medication/vaccine allergy							B	-		11
7 Irritants and physical agents							B	-		11

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B Special Course	C N/A	D QTP Volume Number
14.a.(1)(c) <u>8</u> Dermatological manifestations of allergy:										
<u>a</u> Urticaria							B	-		11
<u>b</u> Angio edema							B	-		11
<u>9</u> Asthma							B	-		11
(2) Diagnostic procedures:										
(a) Perform immediate skin testing:										
1 Procedures:										
<u>a</u> Prick test							2c	B		11
<u>b</u> Intradermal test							1b	-		11
<u>2</u> Skin test allergens:										
<u>a</u> Routine:										
<u>1</u> Aeroallergen							B	-		
<u>2</u> Environmental							B	-		
<u>3</u> Food							B	-		
<u>b</u> Specialized										
<u>1</u> Venoms/ hymenoptera							a	-		11
<u>2</u> Vaccines							a	-		11
<u>3</u> Latex							a	-		11
<u>4</u> PCN							a	-		11
<u>5</u> Medication							a	-		11
<u>3</u> Grading skin test							2c	-		11
<u>4</u> Conduct patient education							3c	-		11
<u>5</u> Document skin testing							3c	-		11
(b) Pulmonary diagnostic and therapeutic procedures:										
<u>1</u> Perform routine spirometry/flow volume loops							2c	-		11
<u>2</u> Perform pre- and postbronchodilator studies							2c	-		11
<u>3</u> Perform asthma challenge test							a	-		11
<u>4</u> Perform peak flowmeter studies							2c	-		11
<u>5</u> Prepare and administer respiratory medication:										
<u>a</u> Metered dose inhaler							1b	-		11

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B Special Course	C N/A	D QTP Volume Number
14.a.(2)(b)5b Hand held/updraft nebulizers							1b	-		11
c Conduct patient education							3c	-		11
d Document pulmonary diagnostic and therapeutic procedures							3c	-		11
(c) Assist with rhinoscopy							-	-		
(d) Nasal smears:										
1 Obtaining							2c	-		11
2 Staining							2c	-		11
(3) Treatment:										
(a) Avoidance:										
1 Relocation from the source of irritants							B	-		
2 Air conditioning							B	-		
3 House dust mite precaution and avoidance program							B	-		
4 Mold/fungal avoidance							B	-		
5 Animal							B	-		
6 Venoms/hymenoptera							B	-		
(b) Immunotherapy:										
1 Types:										
a Aeroallergens							B	-		11
b Environmentals							B	-		11
c Venoms/hymenoptera							B	-		11
2 Administration:										
a Patient screening							3c	-		11
b Calculate dosage/schedule							3c	-		11
c Injection technique							3c	-		11
d Conduct patient education							3c	-		11
> e Document immunotherapy							3c	B		11
3 Procurement:										
a Skin test trays							2c	-		
b Immunotherapy kits							3c	-		
c Refill requests							3c	-		
(c) Adverse reactions:										
1 Vasovagal										
a Signs and symptoms							C	-		11
b Treatment							3c	-		11

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B Special Course	C N/A	D QTP Volume Number
14.a.(3)(c)2 Local:										
a Signs and symptoms							C	-		11
b Treatment							3c	-		11
3 Systemic:										
a Signs and symptoms							C	-		11
b Treatment							3c	-		11
(4) Extract preparation:										
(a) Extract types:										
1 Aqueous							B	-		
2 Alum-precipitated							B	-		
3 Freeze-dried							B	-		
(b) Units of potency:										
1 Weight/volume (w/v)							B	-		
2 Biological allergen unit (BAU)							B	-		
3 Protein nitrogen units (PNU)							B	-		
4 Allergy units (AU)							B	-		
5 Micrograms (mcg)							B	-		
6 Milligrams (mg)							B	-		
(c) Diluents:										
1 Human serum albumine (HSA)							B	-		
2 Sterile normal saline with phenol							B	-		
3 Glycerin							B	-		
(d) Mix 10 fold dilutions							3c	-		11
(e) Label extract vial							3c	-		11
> (5) Mixing lab procedures							-	A		
(6) Anergy panel/placement and measurement:										
> 1 Mumps							-	A		11
> 2 Candin albicans test							-	A		11
> 3 Tetanus toxoid fluid							-	A		11
(7) Instruct patient on self care:										
(a) Peak flow							c	-		11
(b) Inhaler							b	-		11
(c) Ana-kit/epi-pen							b	-		11
b. Immunization:										
(1) Principles of immunization:										
(a) Define active immunization							B	-		12

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B Special Course	C N/A	D QTP Volume Number
(b) Define passive immunization							B	-		12
(c) Active duty vaccines:										
<u>1</u> Types							C	-		12
<u>2</u> Composition							C	-		12
<u>3</u> Dosages							C	-		12
<u>4</u> Schedules							C	-		12
<u>5</u> Storage/management							C	-		12
<u>6</u> Purpose							C	-		12
<u>7</u> Precautions/contraindications							C	-		12
<u>8</u> Side effects							C	-		12
<u>9</u> Document IAW AFJI 48-110:										
> <u>a</u> Immunization record (PHS 731)							2c	A		12
> <u>b</u> Medical record (2677c)							2c	A		12
> <u>c</u> Computer tracking/clinic log							2c	A		12
(d) Pediatric vaccines:										
<u>1</u> Types							C	-		12
<u>2</u> Composition							C	-		12
<u>3</u> Dosages							C	-		12
<u>4</u> Advisory Committee on Immunization Practices (ACIP) recommended schedules							C	-		12
<u>5</u> Storage							C	-		12
<u>6</u> Purpose							C	-		12
<u>7</u> Precautions/contraindications							C	-		12
<u>8</u> Side effects							C	-		12
<u>9</u> Document IAW AFJI 48-110:										
<u>a</u> Immunization record							2c	-		12
<u>b</u> Medical record							2c	-		12
<u>c</u> Computer tracking/clinic log							2c	-		12
(e) Adolescent/adults:										
<u>1</u> Types							C	-		
<u>2</u> Composition							C	-		
<u>3</u> Dosages							C	-		
<u>4</u> ACIP recommended schedules							C	-		
<u>5</u> Storage/management							C	-		
<u>6</u> Purpose							C	-		
<u>7</u> Precautions/contraindications							C	-		

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B Special Course	C N/A	D QTP Volume Number
<u>8</u> Side effects							C	-		
<u>9</u> Document IAW AFJI 48-110:										
<u>a</u> Immunization record							2c	-		
<u>b</u> Medical record							2c	-		
<u>c</u> Computer tracking/ clinic log							2c	-		
> (f) Delayed skin testing:										
<u>1</u> Tuberculosis test placement and measurement:										
<u>a</u> 5 tuberculin unit (TU) purified protein derivative (PPD)							3c	-		12
<u>b</u> 1 TU (PPD)							1b	-		
(2) Administrative considerations:										
(a) Geographical requirements (World Health Organization, International, and command specific)							B	-		
> (b) Requirements for administration of immunizations outside MTF/Medical Unit							A	B		
(c) Waivers:										
> <u>1</u> Religious							A	B		
> <u>2</u> Medical							A	B		
> (d) Permanent exemptions							A	A		
> (e) Disqualification medical board							A	A		
> (f) Declination of recommended immunizations							B	A		
> (g) Statistical reports as required							A	B		
(3) Administrative procedures:										
(a) Prepare immunization records:										
<u>1</u> Transcribe immunization records							2c	-		
<u>2</u> Use standard ACIP/ Centers for Disease Control (CDC) abbreviations							c	-		
> (b) Provide and document Vaccine Information Statements (VIS) IAW AFJI 48-110							3c	C		

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B Special Course	C N/A	D QTP Volume Number
(c) Complete Vaccine Adverse Event Reporting System (VAERS) form							2b	-		12
(4) Administer medications and vaccines:										
(a) Subcutaneous							3c	-		1
(b) Intramuscular							3c	-		1
(c) Intradermal							3c	-		1
(d) Oral							3c	-		1
(5) Identify and initiate treatment of adverse reactions:										
(a) Anaphylactic							3c	-		12
(b) Vasovagal							3c	-		12
> c. Administrative Management of the A/I Clinic:										
(1) Mass Immunization Program										
(a) Influenza							-	B		
(b) Anthrax							-	B		
(c) As Directed by AFMOA							-	B		
(2) Fiscal Management of A/I Clinic							-	B		
(3) Operating Instructions							-	B		
(4) Inspections:										
(a) Self							-	A		
(b) HSI							-	A		
(5) Common Reports							-	A		
(6) Continuing Education							-	-		
(7) IBT program Oversight							-	B		
(8) Epidemiology of Vaccine Preventable Disease							-	B		
(9) Pharmacology:										
1 Antihistamines							B	-		
2 Decongestants							B	-		
3 Bronchodilators							B	-		
4 Expectorants							B	-		
5 Steroids							B	-		
6 Combinations							B	-		
7 Blood pressure/cardiac medications (beta-blockers)							B	-		
8 Antidepressants							B	-		

PART II, SECTION E - MAJCOM UNIQUE REQUIREMENTS

1. Air Force Reserve.

1.1. Purpose: This section applies to all Medical Service Specialty personnel assigned to all Air Force Reserve medical units.

>1.2. Qualification training (QT) requirements:

>1.2.1. Upon completion of the Medical Service Specialty, Apprentice Course (resident and Phase II), all Medical Service Specialty Apprentices (non-prior service and cross-trainees) will be assigned to a hospital for up to 120 days (minimum 60 days) to acquire proficiency in performing tasks for the 5 skill level. The length of training should be dependent upon the apprentice's civilian experience, if any. The apprentice should be assigned to inpatient clinical settings and population health activities. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency. The units may request for waiver of QT to HQ AFRC/SGN

>1.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form 2906 to award the 3 skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F".

1.3. NREMT-B certification.

1.3.1. All Air Force Reserve medical service personnel in the 3, 5, and 7 skill levels must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002.

>1.3.2. All Air Force Reserve 4N091 and 4N000 Medical Service Specialty personnel must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002 when required by the current duty position (assigned to a deployable UTC).

2. Air National Guard.

2.1. Purpose: This section applies to all medical service specialty personnel assigned to all Air National Guard units.

2.2. Additional Apprentice (3 skill level) training requirements:

>2.2.1. Upon completion of the Medical Service Apprentice Course (resident and Phase II), all Medical Service Apprentices will be evaluated by their Medical Squadron Commander for an additional 30 to 60 days of proficiency/seasoning training. This training must be accomplished at an active duty hospital within one year of completing Phase II training. This training is recommended for ANG personnel who are not in or pursuing a civilian medical-related occupation.